

21(72%) patients at the time of bacteremia. Neutropenic patients were less likely than non-neutropenic patients to have polymicrobial infection (24% vs. 63%, $p=0.083$); and were also more likely to have multiple positive blood cultures (76% vs. 0%; p value=0.0003). There was no difference between the two groups in need for ICU care, mortality or attributable mortality. Statistically significant difference was seen for steroid use (81% vs. 13%, $p=0.0014$), and fluoroquinolone use (86% vs. 13% $p<0.0001$) preceding bacteremia in neutropenic patients. Presence of intra-vascular catheter was also more pre-dominant in the neutropenic group (86% vs. 50%, $p=0.068$) at the time of bacteremia.

Conclusions *Rothia* bacteremia is seen in patients with medical co-morbidities, predominantly in patients with leukemia.

A significant association was seen with prior use of steroid and fluoroquinolone prophylaxis in neutropenic patients who developed *Rothia* bacteremia.

Rothia bacteremia in neutropenic hosts was mostly mono-microbial and less likely thought to be a contaminant.

ID: 101 **ROTHIA MUCILAGINOSA BACTEREMIA: 8 YEAR REVIEW OF A SINGLE INSTITUTION EXPERIENCE**

M Abidi,¹ P Hari,¹ A Banerjee,² N Ledebor². ¹Department of Medicine, Medical College of Wisconsin, Brookfield, Wisconsin, United States; ²Medical College of Wisconsin, Milwaukee, Wisconsin, United States

10.1136/jim-2016-000120.85

Background *Rothia* spp. are gram positive bacteria which are known to cause infections in the immune compromised host. Literature is limited on the epidemiology and clinical significance of *Rothia* bacteremia.

Methods We reviewed medical records of all patients with blood cultures positive from 2006–2014. Descriptive analysis was performed as well as comparative analysis of neutropenic patients (absolute neutrophil count ≤ 1000 / μ L) at the time of bacteremia with non-neutropenic patients at the time of bacteremia. Fische's exact tests were used for comparisons of proportions and medians, respectively, with p -values <0.05 considered statistically significant.

Results 29 patients with *Rothia* bacteremia were identified. Median age was 58 years (range 27–73), with no significant gender difference ($p=0.94$). Charlson co-morbidity score of 4 or greater was found in 20 (69%) of patients; 20 (69%) patients had a hematologic malignancy or bone marrow transplant. While there were 14 deaths, only 1 was possibly attributed to *Rothia* infection. Neutropenia was observed in